GetCare Q&A

1. **Does this [GetCare implementation] change only apply to programs with Older Americans Act funding?**
   a. Yes. The programs services affected include Community Living Connections, Family Caregiver, Kinship Caregiver, Transportation, Nutrition (Congregate & Home Delivered), Adult Day Services, Health Promotion and Legal Services

2. **Will we be required to track data not captured in GetCare in our monthly report as we currently do for FCSP? For example we now need to report respite referrals to ADS, but I don't think it's possible to track this in GetCare.**
   a. We are mapping out what data we need to capture, what data is captured in GetCare, and where there are discrepancies. We will work with specific program networks to refine monthly reporting so that it is most feasible, streamlined and useful.

3. **Is there a way to either import a report from our database or CRM platform (example: SalesForce) to GetCare, or export a file from GetCare that we can import to Salesforce?**
   a. We are working with partners at state and GetCare developer to understand the capability of their system to accept data uploads *from* other agency systems, such as Salesforce. GetCare is used by other agencies across state, so impacts of uploads on existing data is one example of impact that would need to be accommodated in uploads. We do not yet know whether data uploads will be an option, but if they are, it will likely be for service unit data only. We will share what we learn about this capability as soon as possible.
   b. There is a reporting export tool that will allow you to build customized reports from GetCare, which can be downloaded in excel, pdf or csv format for import into *into* an agency system.

4. *Comment: There will need to be discussion regarding data interchange between GetCare and Provider systems. Duplicate data entry is error prone and not sustainable.*

5. **Is Phase 3 for 2022 0r 2023?**
   a. Phase 3 is launch and post-launch. It includes training, technical assistance, quality assurance for service recording and monthly reports.
   b. Phase 3 begins September 2021. Work will likely taper off as all of us get accustomed to the platform and the process changes, but we anticipate that we will be providing post-launch support through 2023.

6. **How is client privacy protected if everyone can access their information?**
   a. GetCare user license permissions support some level of security for client data. As an example, GetCare users need to request access to see the file of a client who has or is currently receiving services in another county. ADS is working with state partners and developer to explore other permissions available. Agencies will be asked to submit a signed Access Request Form for each user to be assigned appropriate permissions in GetCare. In addition, existing confidentiality, data security and privacy policies pertain to users of GetCare. For example, users of GetCare should only access the minimally necessary information to do their work.

7. **Will the guidance/direction for FCSP (and other programs) be statewide or county-specific? We have found it difficult and confusing to have different data entry processes for different counties for the same program.**

    a. Because we are using a statewide system, we will be discussing how to better align our reporting with statewide expectations. It will be helpful to hear specific experiences and examples so that we can dig into those differences.

8. **Given that all data needed for OAA reporting will be in GetCare, can you explain why an additional monthly data report would be required? Can this information not be extracted directly by ADS?**

    a. There will be no requirement for additional data files. We will be looking at GetCare or reports pulled from GetCare to verify service numbers. Monthly status reports may change across services and we will be discussing how to avoid duplicate reporting. It's possible monthly reporting could change to be narrative only.

9. **Will we be expected to enter progress notes for each entry in Get Care or are just entering service types by client?**

    a. It's going to vary by program. Program and service information will be entered for most programs. Some programs require assessments and progress notes.

10. **We have been using GetCare since 2014 for Pierce County Nutrition program. I wonder if our staff need new assign credentials for King County.**

    a. We will look into that to be sure staff have access they need with existing credentials, or if new credentials will be needed.

11. **Currently some data is required in your data file, but not required when entering a client in GetCare. Will GetCare be updated to require the same required fields currently required by ADS? If this isn't the case, how will we address the different minimum data sets required by GetCare and ADS?**

    a. We are assessing the data we currently collect and whether it is required in GetCare. Some data elements may be added, some may not, and in some cases we are awaiting more information from the developer. We will be trying to be very judicious about what information is being collected and for what purpose, to reduce duplicative work and ensure data collected is necessary and/or meaningful.

12. **Will data elements and data formats change?**

    a. ALTSA has not yet released final documentation on minimum data required for OAAPS or how OAAPS reporting changes will be reflected in GetCare. Required elements for some programs may change but we will let you know as soon as possible. From a technical perspective, GetCare will be updated to reflect data requirements. The system will guide users to select or enter demographic or assessment responses that are compliant with requirements.

13. **I am not familiar with GetCare. Could you share screen shots of the screens we will be using via email?**

    a. Yes, we will be doing an orientation in a couple weeks so will think about how to include screen shots or other visuals. We will also be pulling together instructions which will include visuals. Thanks for this suggestion.

14. **When can we start entering our CLC clients into GetCare?**

    a. Demographic information, service enrollments and service recording for clients served prior to October 2020 will already exist in GetCare from the historical upload process. ADS will do a final data upload in September 2021 prior to beginning direct entry, and will include as much data as possible from the current fiscal year. This should minimize the number of clients who need to be created manually in GetCare. Beginning October 1, 2021 new client demographics, new service enrollments, and service recording (units) will need to be entered into GetCare.

15. **Will we need to report changes in demographic data items for clients?**
    a. If client demographics change (an address, for example) those changes will need to be entered into GetCare beginning October 1, 2021.
16. **With the NAPIS report we are reporting demographics for each client each month but it sounds like Get Care will already have client information on file, so would we be reporting service numbers into Get Care each month and not having to repeat demo info?**
    a. That's correct. You won't need to report clients profile and demographics for previous clients. Once it's in GetCare, client and demographic data stays there. This is also true for service enrollments. Once an enrollment is created in GetCare (example: for home delivered meals) that enrollment will continue to exist until manually ended, so the only update needed monthly is number of service units delivered (example: number of meals).
17. **What frequency will we need to record services?**
    a. Service recordings will need to be completed for your invoice. This is a monthly frequency for most programs.
18. **Will we be able to actually pull client data or will it be through canned reports?**
    a. GetCare has both options. In addition to pre-set reports, there is a custom report tool that allows you to build customized reports from GetCare, which can be downloaded in excel, pdf or csv format for import into an agency system. ADS can work with you to design custom reports to meet your needs, which can be saved for future use.
19. **In order to determine impacts and capacity needs - it would be really helpful to view the actual GetCare interface sooner than later.**
    a. Thank you. We will be doing an orientation in a couple weeks that will include a tour of GetCare and we will incorporate this request into our planning.
20. **Still a tad confused. You said the invoice process is the same, so is that still a manual process that we email? More interested in whether our finance team needs to interact with GetCare, or it's just our program team.**
    a. GetCare implementation should not have impact on the way your invoice is submitted. We don't anticipate changes to performance commitments of payment points; however, there could be changes to the monthly status report that accompanies your invoice in some situations to reduce duplicate reporting. Likely only your program team will need to interact with GetCare.
21. **The Connect2 Community Network in King County has done a lot of work around a shared referral database and resources. Unite Us is already in use by several agencies towards this goal. Is ADS considering what it would look like for these two platforms to work together?**
    a. ADS is a Connect2 Community network partner and participates in Connect2 Community workgroups related to data, technology and the procurement of a vendor to implement a technical solution for data sharing. We have informed HealthierHere of GetCare and the anticipated impact of implementation on the older adult service network in King County. ADS will also continue to work closely with the statewide AAA network and ALTSA to ensure that the GetCare system meets the evolving needs of the older adult service network. We encourage all older adult service network agencies to get involved in the Connect2 Community Network. Network Partner meetings are open to all. You can learn more about this work by visiting this website: https://www.connect2.org/#news-events.

22. **I believe ADS is a partner in HealtherHere's Unite Us platform, which is intended to be a bi-directional referral platform for providers. I think a lot of the same players are also incorporating Unite Us. Is that going to interact with GetCare in some way so we don't have to input client data in two places?**
    a. See question 18
23. **Flagging that the burden of the change especially during transition really will be felt by organizations on the ground.**
    a. We ask that you please indicate the impact you are anticipating in as much detail as possible in survey responses or a separate message to your program specialist. We are looking for patterns, including requests for tools that will benefit providers across our network. This will help us build needed advocacy, as this is not a system we own and don't have direct influence over. It is helpful to have critical mass of information and need to present and push for.
24. **Will data files continue to be submitted until October? Or will it vary by agency, and training completion status?**
    a. As data begins to be entered in GetCare, there will be no need to gather data outside of GetCare via data files. Still, we know that this will be a transition and not realistic to think of this change as a "flip of a switch." Data entry may happen in staggered fashion, so it's possible that data files will be requested beyond October. Your ADS program specialist will work with you to determine a transition plan as needed.
25. **Will we have increased funding to support an increase in administrative cost?**
    a. ADS is committed to supporting your teams with training, technical assistance, and additional resources to facilitate this transition. We will be sending out a survey form very soon to gather more specific information and ask that you indicate the staffing and other cost impacts you are anticipating in as much detail as possible.
26. **Will VSHSL funded (via ADS) programs and services be recorded in GetCare as well?**
    a. Yes. Data for VSHSL funded programs currently collected through ADS data files will transition to being direct-reported in GetCare along with OAA-funded services. These programs are not required by ALTSA to be entered into GetCare, but this change will eliminate the need to submit a monthly data file after transition, and establish GetCare as a single reporting source for these ADS contracts.
27. **Could we have the GetCare data specs for our IT staff to review ahead of time, to help ease/streamline the process? Sooner the better.**
    a. ALTSA has not yet released final documentation on minimum data required for OAAPS or how OAAPS reporting changes will be reflected in GetCare. In addition, as mentioned in Questions #11 and #12, ADS is assessing what data we collect at our local AAA level, so required elements for some programs may change but we will let you know as soon as possible. In almost all cases, this would mean a shift to collecting fewer details rather than more.
28. **How many users will we be able to have in GetCare? Should one person enter everything or can different parts be managed by different people.**
    a. The number of people at each agency who require GetCare access will vary depending on your program structure and workflow. We will be sending out a request very soon for

you to identify who you think your users should be and what roles they perform, and we will work with you to refine your user list as needed.

29. **Who is our ADS Program Specialist?**
    a. Your Program Specialist is the person who you submit your monthly reports to at Aging and Disability Services (ADS). Typically they are named in your ADS contract as your main point of contact as well, unless something changed since the contract was signed.

30. **Could you attend a provider or team meeting to discuss changes?**
    a. We plan to work closely with program teams to ensure we understand and respond to impacts and needs. Over the next several months, we will be reaching out to program leads to plan for implementation. Let us know if there is an existing staff meeting that you think will work to provide information, orientation or training in the future.

31. **Will we learn how to record the F6, F8, and F9 services during this training or will there be agency-specific training closer to October?**
    a. GetCare platform orientations will begin in August, and will cover how to log in and navigate around the system. A second round of service/program specific trainings will start in September. In that second round, we'll cover minimum data required for your specific program, which will likely be very similar to service data recorded in your current data files but is still being finalized.

32. **How will the information entered into GetCare be used? Will any third parties have access to this information?**
    a. The information in GetCare is accessible only by licensed users and its usage is governed by a data privacy agreement all users must sign. See question #6 for more information.